

CLAIM FOR NON-RECEIVED CHECK

TO: **COMPTROLLER, State of Hawaii**
(Attention: Accounting Division)

The check identified below, has not been received by the payee. The following action is therefore requested:

- ☐ 1. If check is still outstanding, enter date as of which the outstanding check file was checked and return a copy of this form to the expending agency.
- ☐ 2. If check is still outstanding, place stop payment on check, issue duplicate payment, and forward duplicate payment to expending agency.
- ☐ 3. If check is void as stated on the face of the check, reissue payment and forward reissued payment to expending agency.
- ☐ 4. If check has been received and paid by the State Treasury, forward photocopy of cashed check (front and back) to expending agency.

If this check was not mailed to the payee by the Pre-Audit Branch of the Accounting Division, but was distributed by the vouchering department, the following information is provided regarding the manner in which the check was distributed and the last known point of check possession: _____

FOR COMPTROLLER USE ONLY

Action Taken on Above Request:

- ☐ 1. Outstanding date _____
- ☐ 2. Stop payment date _____
- ☐ 3. Issued duplicate check:
Number _____ Date _____
- ☐ 4. Photocopy of cashed check sent.
- ☐ 5. (Other) _____

- Initials _____ Date _____

 (Signature of Payee/Title, if applicable)

 (Signature of Payee/Title, if applicable)

 (Telephone No.)

 (Date)

 (Departmental Contact Person)

 (Telephone Number)

 (Department / Name of Expendig Agency)

CHECK IDENTIFICATION

INSTRUCTION: Payee name must be **completely** and **exactly** as shown on the State of Hawaii check.
 Refer to **Report 106** for exact payee name, if applicable.

Payee _____

Department Voucher No. _____ Check Amount \$ _____

Comptroller Voucher No. _____ Check Date . . . _____

Payroll No. & Check
 Distribution Code _____ Check Number . . . _____
 (if applicable) (Fund) (Number)